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Substitute for Form PTO-875									09	5982	101	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTI								ENTITY	OR	OTHER THAN OR SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
	IC FEE CFR 1.16(a))							s	OR		s	
TOT	AL CLAIMS OFR 1.16(c))		minus 20				x s=		OR	x \$=		
IND	PENDENT CLAIR	us					xs _=		OR	x \$=		
(37 CFR 1.16(b)) minus 3 = 1					ľ			OR	1.			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CPR 1.10(a))						l	TOTAL		OR	TOTAL		
* If the difference in column 1 is less than zero, enter *0* in column 2.							IUIAL	Ļ		10172	·	
CLAIMS AS AMENDED - PART II												
6	20:05	(Column 1)		(Calumn 2)	(Column 3)		SMÁLL E	ENTITY_	OR		R THAN ENTITY	
A F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MEI	Total	.23	Minus	- 5U	*/>		XX S		OR	x s =		
Ş	(37 CFR 1.16(c)) Independent	. 10	Minus	-18	-(-)		<u>v.</u>		1	x s =		
AMENDMENT	(37 CFR 1.16(b))						X \$=		OR		\ \ \ -	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(4))							TOTAL		OR	TOTAL	/	
						ADDLIFEE		OR	ADD'L FEE	<u> </u>		
ر ا	113-0	(Column 1)		(Column 2)	(Column 3)							
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT' EXTRA		RATE .	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total	· 52	Minus	- 51	- ()		x s=		OR	X \$=	7	
S	(37 CFR L16(c)) Independent (37 CFR L16(a))		Minus .		- (1)		X\$=		OR	x \$ = /		
AMENDMENT	• • • • • • • • • • • • • • • • • • • •	ATION OF MULTIPLE	E DEPENDE	OT CLAIM STOR	R 1.18(di)		+: =		OR	••		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))							TOTAL ADD'L FEE		OR	TOTAL /		
		(Column 1)		(Column 2)	(Column 3)	_			_			
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 OFR 1,16(c))	+	Minus	**			x \$=		OR	x s=		
N.	Independent (37 CFR 1.16(b))	•	Minus	000	-	ŀ	x s =		OR	x s=		
AMENDMEN		ATION OF ME TIGHT	E DEPENDS	NT CLAIM 67 CF	R 1.16(di)		+5 =		OR	+5 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						J	TOTAL		OR	TOTAL ADD'L FEE		
ADDL FEE OR ADDL FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete deposition form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.